

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212534567</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>PROJECT MANAGEMENT INSTITUTE, WASHINGTON, D.C.CHAPTER, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>PETER A DINGMAN 526 KING ST STE 423 ALEXANDRIA, VA 22314</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2012</b></p> <p>SCC ID NO: <b>05481874</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 400 N WASHINGTON ST STE 300</p> <p style="text-align: center;">CITY/ST/ZIP: ALEXANDRIA, VA 22314</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Catherine Hammerstrom-Sweeney  TITLE: VICE PRESIDENT  ADDRESS: 42405 Pale Iris Ter  CITY/ST/ZIP/CO: Ashburn, VA 20148 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Catherine Hammerstrom-Sweeney TITLE: VICE PRESIDENT ADDRESS: 42405 Pale Iris Ter CITY/ST/ZIP/CO: Ashburn, VA 20148	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHIRLEY BUCHANAN  TITLE: DIRECTOR  ADDRESS: 13397 GANDALL COURT  CITY/ST/ZIP/CO: MANASSAS, VA 20112 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SHIRLEY BUCHANAN TITLE: DIRECTOR ADDRESS: 13397 GANDALL COURT CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Davin Hattaway  TITLE: Chief of Staff  ADDRESS: 400 N Washington St  Ste 300  CITY/ST/ZIP/CO: Alexandria, VA 22314 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Davin Hattaway TITLE: Chief of Staff ADDRESS: 400 N Washington St Ste 300 CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	Madeline Delahan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	537 5th St SE		
CITY/ST/ZIP/CO:	Washington, DC 20003-4206		
NAME:	Arvid Fristad	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1206 Musket Ct NE		
CITY/ST/ZIP/CO:	Leesburg, VA 20176-4805		
NAME:	John Kendall Lott	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8200 Cottage St		
CITY/ST/ZIP/CO:	Vienna, VA 22180-6938		
NAME:	Michael Nelson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20416 Tappahannock Place		
CITY/ST/ZIP/CO:	Potomac Falls, VA 20165-4785		
NAME:	Mark Tolbert	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Trustee		
ADDRESS:	8202 Strong Spring Ct		
CITY/ST/ZIP/CO:	Annandale, VA 22003-4623		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Davin Hattaway	Davin Hattaway, Chief of Staff	9/7/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			